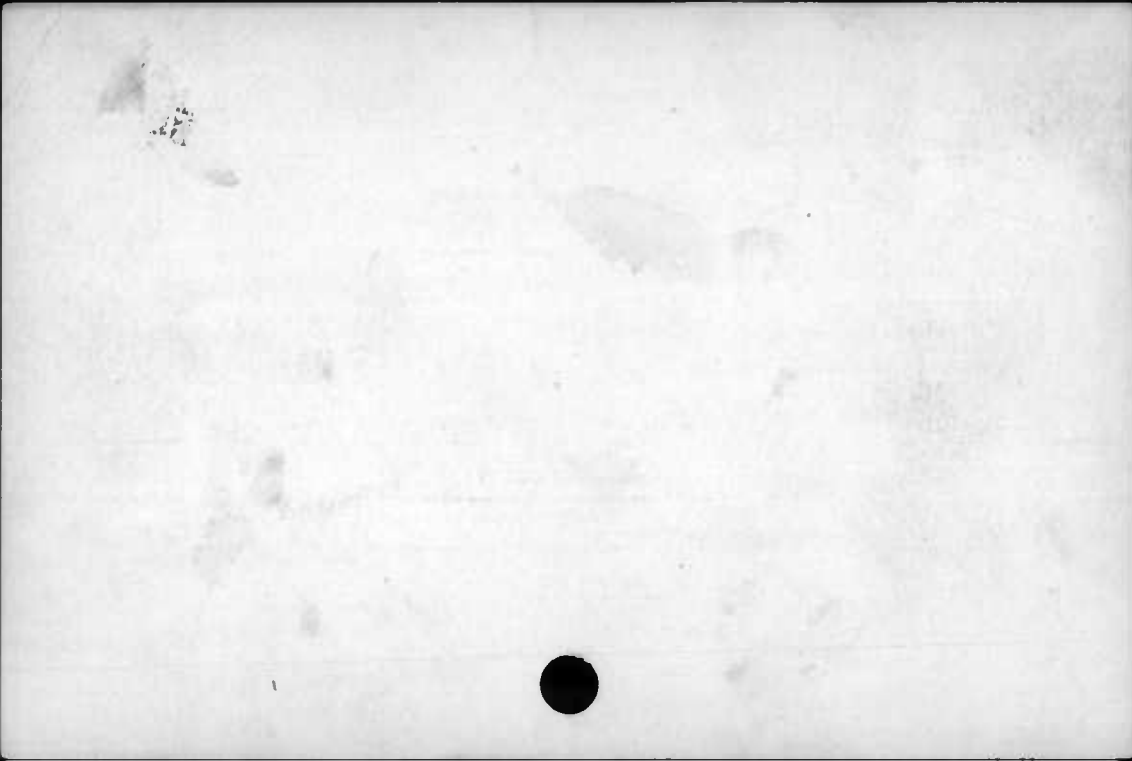


Name in Full		Madora Carter				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Town		County		MARYLAND		
		Died at		Calvert				
		Date of death		Month	Day	Years	Months	Days
		1907		July	8	35		
		Sex		Color or Race		Birth-place		
		Female		Colored		Calvert Co. Md.		
		Occupation		Where Residing if not at place of death				
		Housework		Baltimore, Md.				
Married, Single or Widowed		Name of Wife or Husband						
Widowed		Daniel Carter						
Father's Name		Father's Birthplace						
Benjamin Horbes		Calvert Co. Md.						
Mother's Maiden Name		Mother's Birthplace						
Harriet Simms		Calvert Co. Md.						
Name of person giving Information		How related to deceased						
Harriet Horbes		Mother						
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary		How long				
		Chronic Bronchitis		3 weeks				
		Immediate		How long				
		Pneumonia		6 days				
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician				
Yes		W. P. M. Chaney, M. D.						
		Address						
		Chaney, Md.						
Accident or Suicide?								



Name  
in  
Full

Mt Harmony Dairy Coals

CERTIFICATE OF DEATH

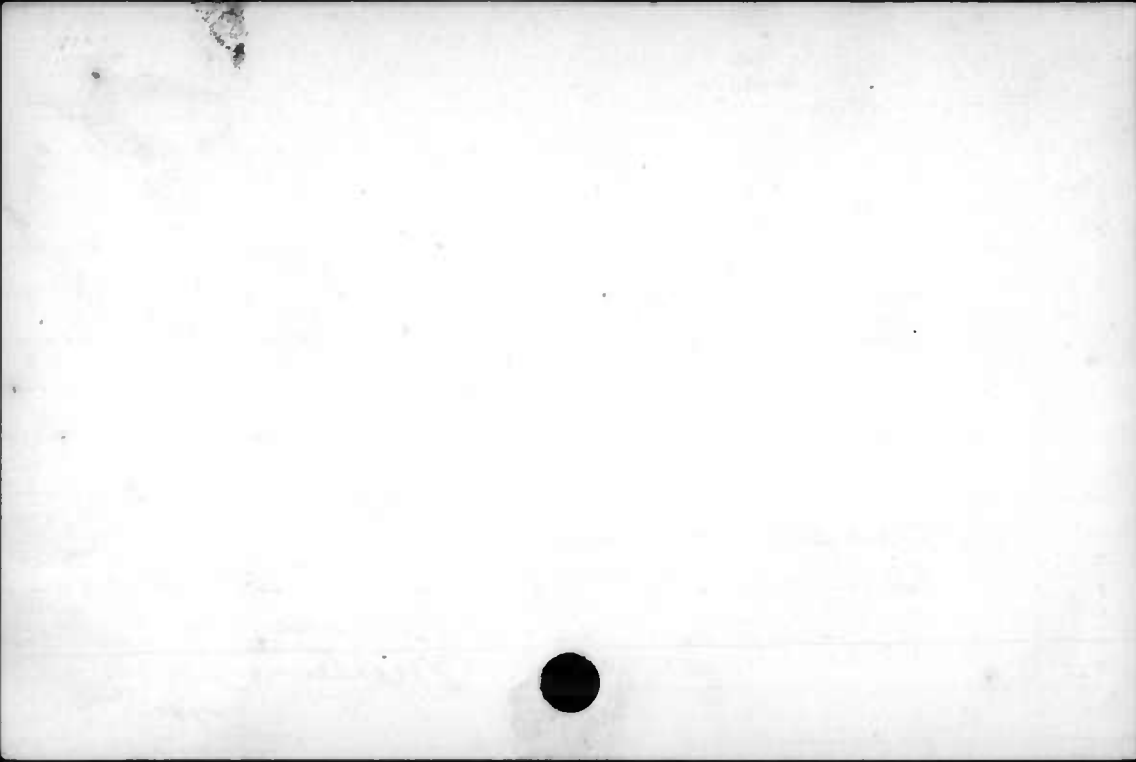
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Mt <sup>Town</sup> Harmony		County		Calvert		MARYLAND	
Date of death		1907	Month	February	Day	Age	Years	Months	Days
Sex		Female		Color or Race		Colored		Birthplace	
Occupation		none		Where Residing if not at place of death		" "		" "	
Married, Single or Widowed		Single		Name of Wife or Husband		none			
Father's Name		Samuel Coals		Father's Birthplace		Calvert Co			
Mother's Maiden Name		Annie Coals Reed		Mother's Birthplace		" "			
Name of person giving information		Father		How related to deceased					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Consumption	How long	7 months
Immediate		How long	" "
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		J. L. Brashaw	
Address		Spur W Ward	
Accident or Suicide?			



Name  
in  
Full

Mrs Sallie Boon

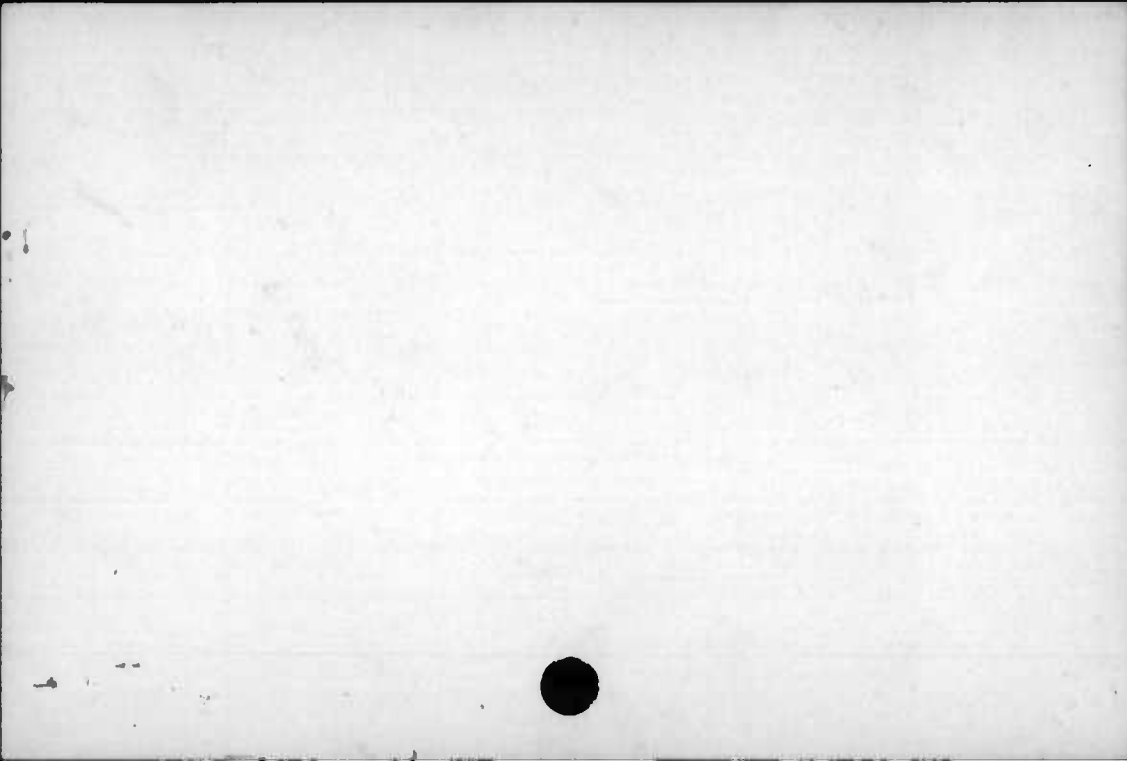
## CERTIFICATE OF DEATH

Died at <i>Brown Island</i>		County <i>Calvert</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>Feb</i>	Day <i>6</i>	Years <i>66</i>	Months	Days
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Calvert Co</i>	
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Peter Boon</i>			
Father's Name <i>Joshua Stinnett</i>		Father's Birthplace <i>Calvert Co</i>			
Mother's Maiden Name <i>Nancy Young</i>		Mother's Birthplace <i>Calvert Co</i>			
Name of person giving information <i>Joshua Boon</i>		How related to deceased <i>Son</i>			

## CAUSES OF DEATH

Primary <i>Grippe -</i>	How long <i>10 days</i>
Immediate <i>Severe Debility</i>	How long <i>20 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>P. Boon</i>
	Address <i>Mutual</i>
Accident or Suicide?	<i>yes.</i>

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

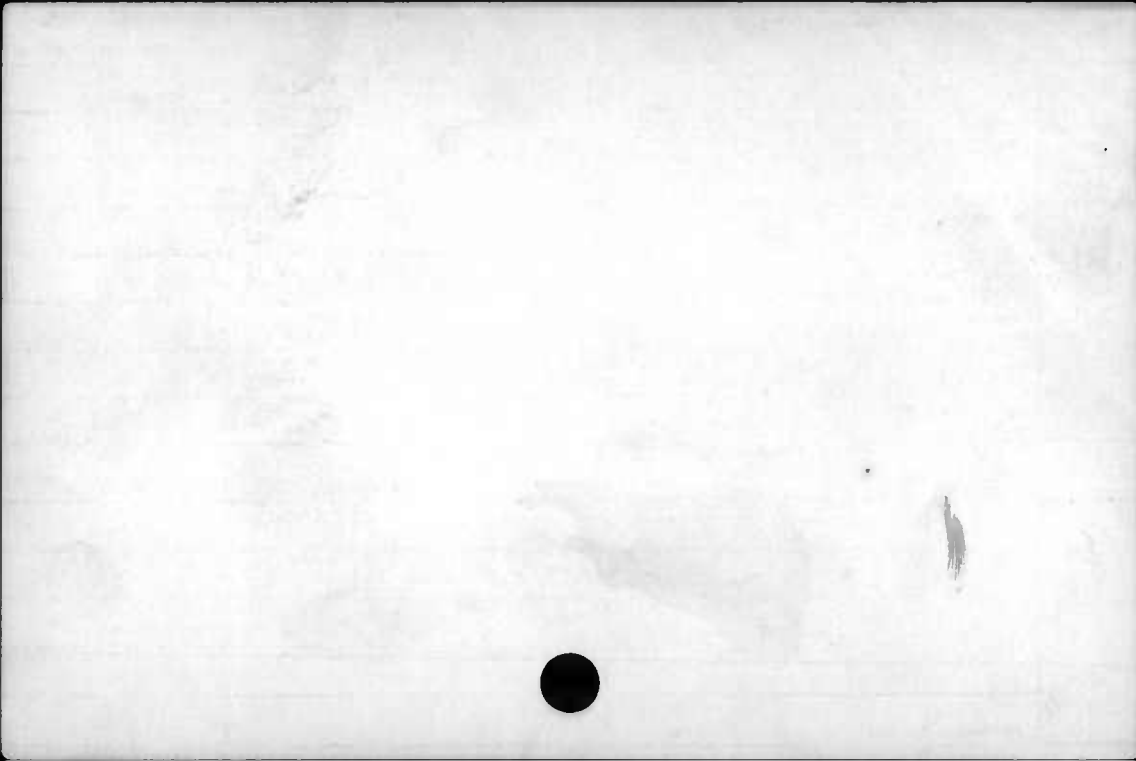
Died at <i>Port Harmon</i>		Town <i>Calvert</i>		County		MARYLAND	
Date of death 190 <i>7</i>		Month <i>3</i>		Day <i>7</i>		Age Years <i>8</i> Months <i>2</i> Days <i>5</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Bunkirk</i>			
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name <i>John W. Giverson</i>				Father's Birthplace <i>Calvert Co</i>			
Mother's Maiden Name <i>Hattie Giverson</i>				Mother's Birthplace <i>Calvert Co</i>			
Name of person giving information <i>Hattie Giverson</i>				How related to deceased <i>Mother</i>			

## CAUSES OF DEATH

Primary <i>Pneumonia</i>	<i>93</i>	How long <i>Two weeks</i>
Immediate <i>Heart Failure</i>		How long <i>13 Hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. E. Bragshaw</i>	
	Address <i>Trinidad, Md</i>	
Accident or Suicide?		

PHYSICIAN  
OR CORONER

1





Name  
in  
Full

Jose phino Holland

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at *Mr Harrison*

Town

*Calvert*

County

MARYLAND

Date  
of death *1907*

Month

*Feb*

Day

*9*

Age

Years

*27*

Months

Days

Sex *Female*Color or  
Race*African*Birth-  
place*Calvert Co*

Occupation

*Housewife*Where Residing if not  
at place of deathMarried, Single  
or Widowed*Married*Name of Wife or  
Husband*Richard Holland*Father's  
Name*Joseph Reed*Father's  
Birthplace*Cal. Co.*Mother's  
Maiden Name*Barbara Duell*Mother's  
Birthplace*Cal. Co.*Name of person giving  
In formation*Harry Bonice*How related  
to deceased*Son*

## CAUSES OF DEATH

Primary

*Valv. Disease of Heart*

How long

*Probably 2 Years -*

Immediate

How long

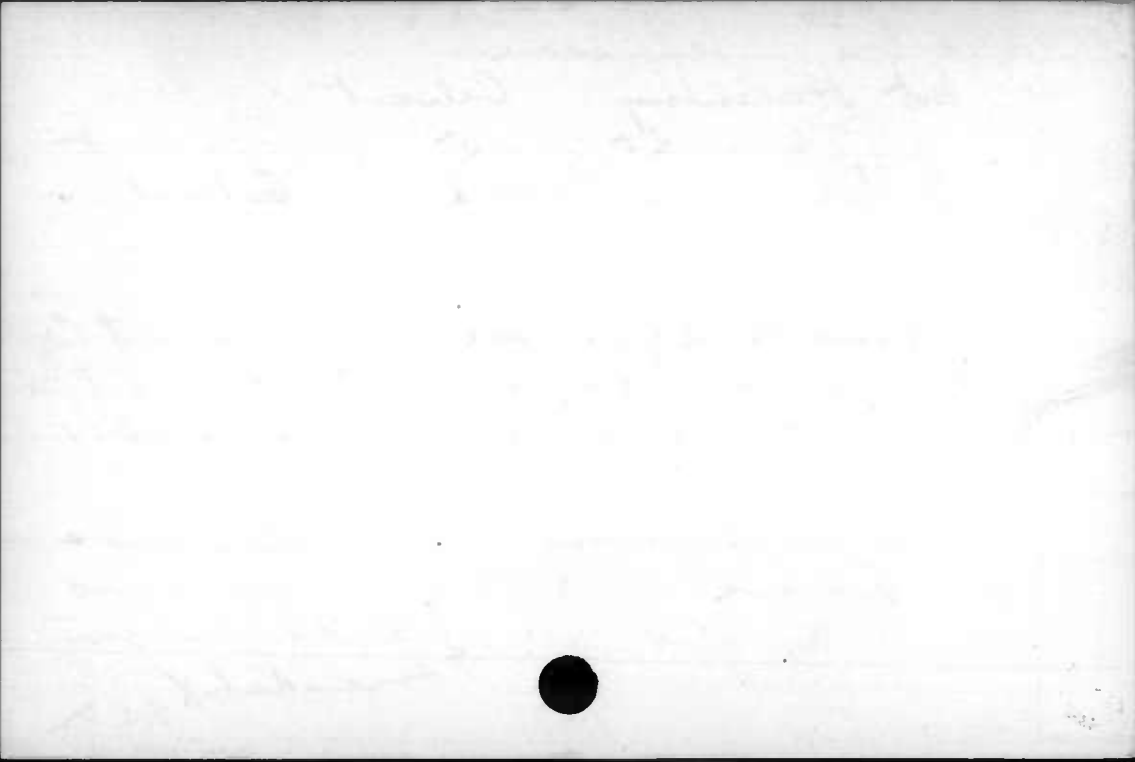
Are the name, age, sex, color, date  
and place correctly given above?*Yes*Signature of  
Physician*E. H. Newman*

Address

*Lower Marlboro**Md.*

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

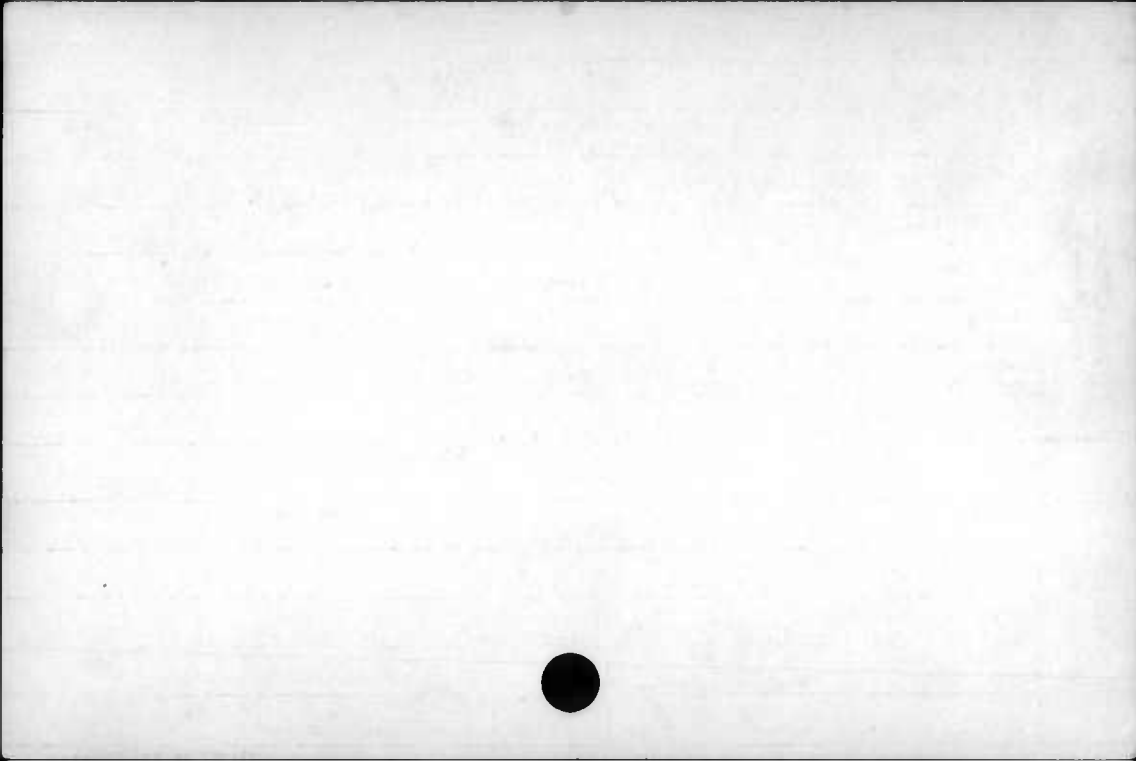
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Mt. Harmony</i> Town		<i>Calvert</i> County		MARYLAND	
Date of death 1907	Month 2	Day 25	Age 5	Years	Months Days
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Calvert Co</i>		
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name <i>Russell Jefferson</i>			Father's Birthplace <i>Calvert Co</i>		
Mother's Maiden Name <i>Rosa Jones</i>			Mother's Birthplace <i>Calvert Co</i>		
Name of person giving information <i>Daniel Jones</i>			How related to deceased <i>Uncle</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Convulsions</i>	How long <i>12 hours</i>
Immediate <i>Coma</i>	How long <i>6 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. L. Braysshaw</i>
	Address <i>Friendship Md</i>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

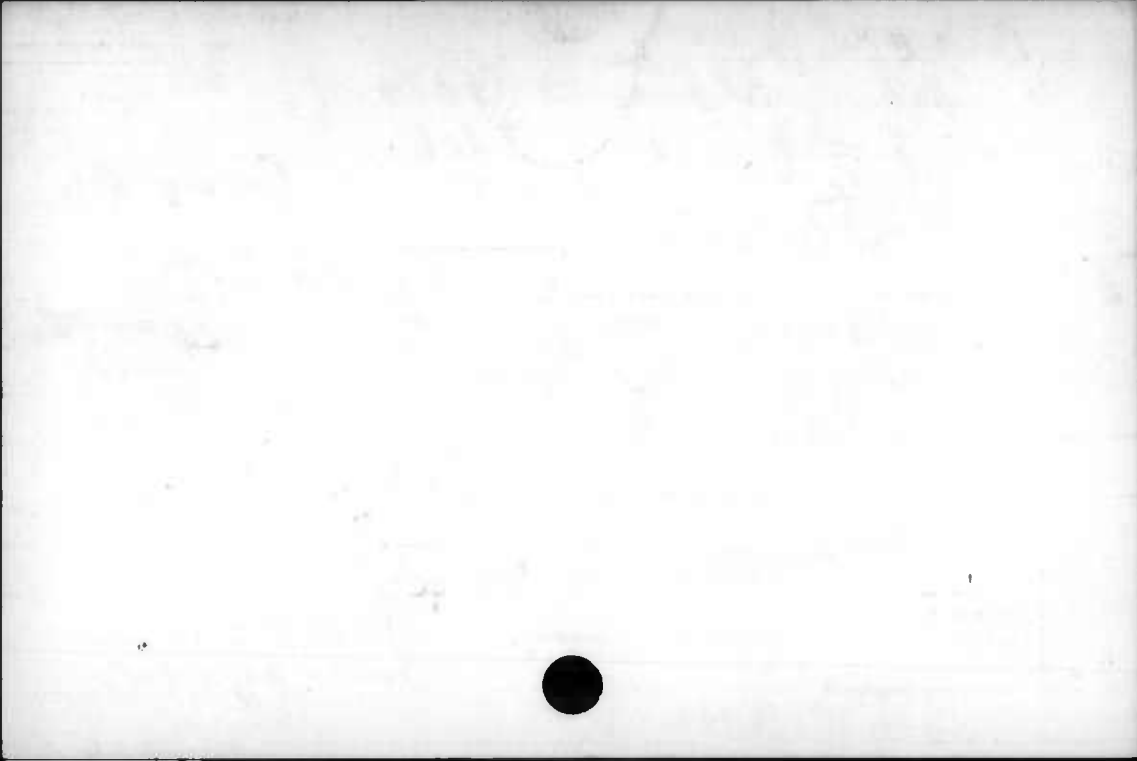
Died at <i>Adelina</i> <sup>Town</sup> <i>Calvin</i> <sup>County</sup>		MARYLAND	
Date of death <i>1907</i>	Month <i>July</i>	Day <i>28</i>	Age <i>—</i>
Sex <i>Male</i>		Color or Race <i>Colored</i>	Months <i>—</i> Days <i>2 days</i>
Occupation <i>—</i>		Birth-place <i>Adelina</i>	
Where Residing if not at place of death <i>—</i>		<i>—</i>	
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>	
Father's Name <i>Isaac Jones</i>		Father's Birthplace <i>Calvin Co</i>	
Mother's Maiden Name <i>Hattie Johnson</i>		Mother's Birthplace <i>—</i>	
Name of person giving Information <i>Nath. Johnson</i>		How related to deceased <i>Grd father</i>	

## CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

Primary <i>Premature Birth</i>	How long <i>—</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician or Coroner <i>Nath. Johnson Undertaker</i>
<i>J. F. Lusby</i>	Address <i>Adelina</i>
Accident or Suicide? <i>Sub Reg</i>	<i>Bowers</i> <i>md</i>



Name  
in  
Full

## CERTIFICATE OF DEATH

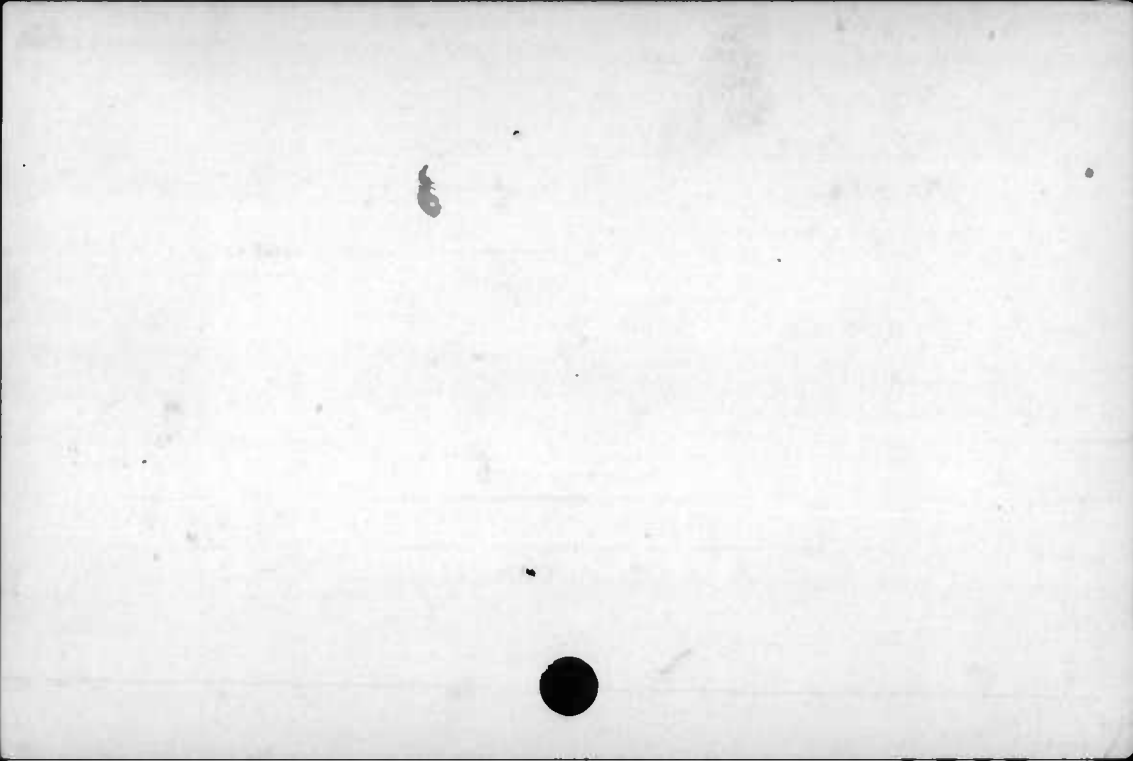
TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Albert S. King</i>		Town <i>St. Louis</i>		County <i>Calvert</i>		MARYLAND	
Died at <i>Feb</i>		Month <i>Feb</i>		Day <i>1</i>		Years <i>40</i>	
Date of death <i>1907</i>		Month <i>Feb</i>		Day <i>1</i>		Years <i>40</i>	
Sex <i>male</i>		Color or Race <i>white</i>		Birth- place <i>Calvert</i>		<i>MD</i>	
Occupation <i>Asst. Engineer</i>		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband <i>Mary Gault</i>					
Father's Name <i>James King</i>		Father's Birthplace <i>Calvert</i>					
Mother's Maiden Name <i>Lizzie Bennett</i>		Mother's Birthplace <i>Calvert</i>					
Name of person giving Information <i>John S. King</i>		How related to deceased <i>Bro</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Accidental Drowning</i>	How long
Immediate	<i>Drowning</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. B. Brien</i>
		Address <i>Sub. Repub.</i>
Accident or Suicide <i>Drowning</i>		





Name  
in  
Full

Elizabeth E. Price

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Huntingtown</i> <sup>Town</sup>		<i>Calvert</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1907</i>	Month <i>Feb</i>	Day <i>9</i>	Age <i>84</i> Years	Months <i></i> Days <i></i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Not obtainable</i>		
Occupation <i>Widow</i>			Where Residing if not at place of death <i></i>		
Married, Single or Widowed <i></i>		Name of Wife or Husband <i>Richard Wood</i>			
Father's Name <i>Not obtainable</i>		Father's Birthplace <i></i>			
Mother's Maiden Name <i>Not obtainable</i>		Mother's Birthplace <i></i>			
Name of person giving information <i>J. R. Tate</i>		How related to deceased <i>None</i>		<i></i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>14</i>	How long
Immediate <i>Intra Cranial Hemorrhage</i>	<i>14 hrs</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. W. Leitch</i>	
	Address <i>Huntingtown Md.</i>	
Accident or Suicide? <i></i>		



Name  
in  
Full

Thos Raurings -

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at *St. Louis* <sup>Town</sup>*Calvert* <sup>County</sup>

MARYLAND

Date of death *1907* <sup>Month</sup> *Jul*Day *20*Age *68* <sup>Years</sup>

Months

Days

Sex *male*Color or Race *Colored*Birth-place *Calvert Md*

Occupation

Where Residing if not at place of death

~~Maid~~ Single or Widowed

Name of Wife or Husband

Father's Name *Mr Raurings*Father's Birthplace *Calvert*Mother's Maiden Name *Elixa Young*Mother's Birthplace *Calvert*Name of person giving information *J M B Adams*How related to deceased *none*

## CAUSES OF DEATH

Primary

*General debility*

How long

How long

*6 months*

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

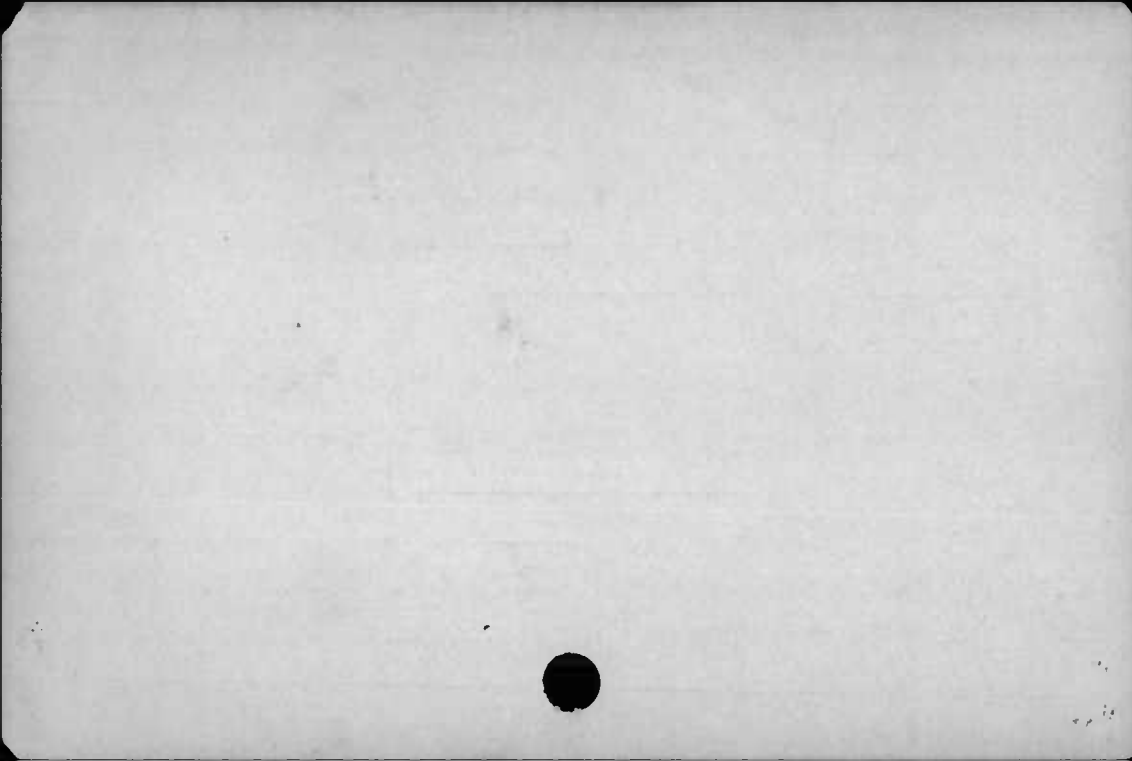
Address

*P. B. Brown*  
*Mt. Airy*

Accident or Suicide?

PHYSICIAN  
OR CORONER

①



Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OF CORNER

1

Rollins

## CERTIFICATE OF DEATH

Died at		Town Dundick		County Calvert		MARYLAND			
Date of death		1907	Month July	Day 1	Age	Years	Months 1	Days 14	
Sex		male		Color or Race		Caucoid		Birth- place	Dundick Md
Occupation				Where Residing if not at place of death					
Married, Single or Widowed				Name of Wife or Husband					
Father's Name				Father's Birthplace					
Mother's Maiden Name				Mother's Birthplace					
Name of person giving information				How related to deceased					

## CAUSES OF DEATH

Primary	Inanition	How long	Six weeks
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Thos. M. Chaney	
		Address	
		Chaney, Md.	
Accident or Suicide?			

George Washington  
June 1792

Dear Sir  
I have the honor to acknowledge  
the receipt of your letter of the 10th inst.

and in reply to inform you  
that the same has been forwarded  
to the proper authorities for their consideration.

Name  
in  
Full

CERTIFICATE OF DEATH

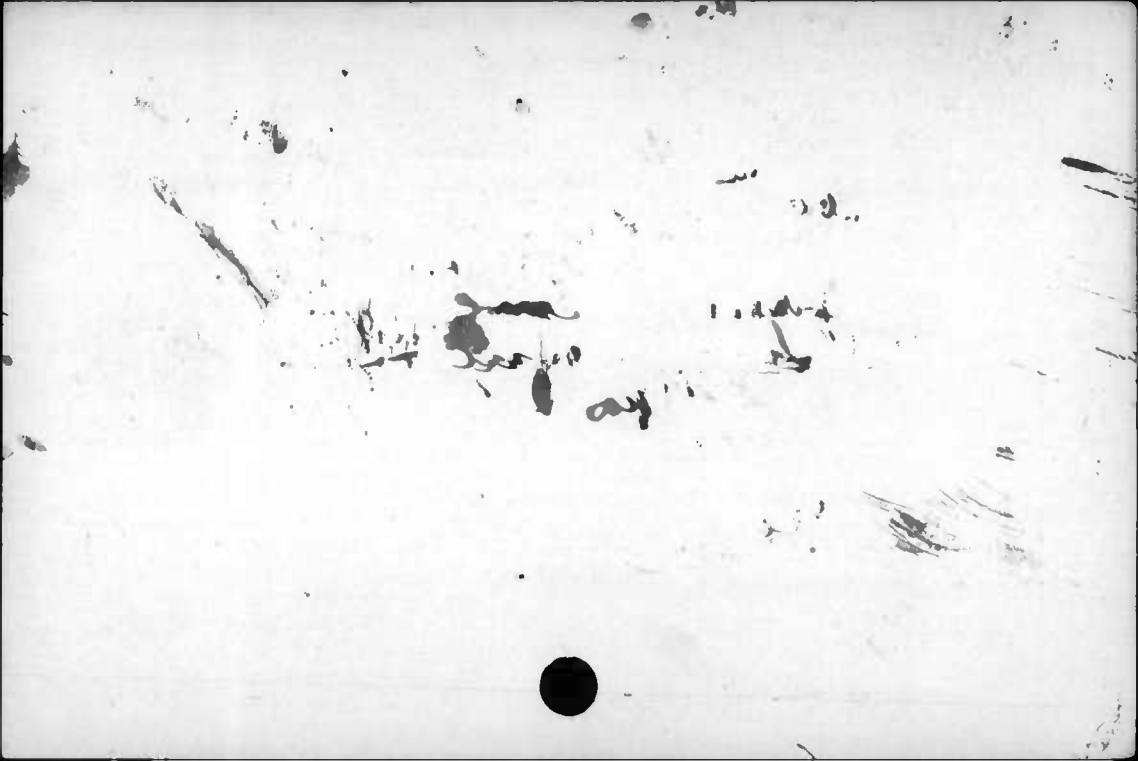
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Brown Island Calvert</i>		County		TOWN		MARYLAND	
Date of death 1907		Month <i>Jan</i>	Day <i>3</i>	Age	Years	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Brown Is.</i>					
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>Harry Thomas</i>		Father's Birthplace <i>Calvert</i>					
Mother's Maiden Name <i>Laura Elliott</i>		Mother's Birthplace <i>" "</i>					
Name of person giving information <i>Wm. F. Elliott</i>		How related to deceased <i>Wife</i>					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Shell Gash</i>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>P. Busen Salt</i>	
	Address <i>Much...</i>	
Accident or Suicide?		





Name  
in  
Full

Marion Wills

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Dunkirk</u> Town			<u>Calvert</u> County			MARYLAND		
Date of death <u>1907</u>		Month <u>Feb</u>	Day <u>7</u>	Age <u>7</u>	Years	Months <u>7</u>	Days	
Sex <u>Female</u>			Color or Race <u>Colored</u>			Birth-place <u>Calvert</u>		
Occupation				Where Residing if not at place of death				
Married, Single or Widowed				Name of Wife or Husband				
Father's Name <u>Gairy Wills</u>				Father's Birthplace <u>Cal. Co</u>				
Mother's Maiden Name <u>Lilly Moreland</u>				Mother's Birthplace <u>Cal. Co</u>				
Name of person giving information <u>Gairy Wills</u>				How related to deceased <u>Father</u>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Chronic Bronchitis</u>	How long <u>9</u> <u>7</u> mos
Immediate <u>General debility</u>	How long <u>7</u> "
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Dr. Thos. M. Chaney</u>
	Address <u>Chaney Md.</u>
Accident or Suicide?	

